



South Carolina
Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

APPLICATION FOR ADMINISTRATOR'S LICENSE

_____.20____

DIRECTOR OF INSURANCE, COLUMBIA, SOUTH CAROLINA

On behalf of _____
(Name of Individual, Corporation, or Partnership)

_____ with principal offices at

(Street) (City) (State) (zip)

I hereby apply for a LICENSE authorizing and empowering the above entitled

(Name of Individual, Corporation, or Partnership)

to act as an administrator pursuant to Act NO. 133 of the 1985 Acts and Joint Resolutions
of the General Assembly of South Carolina, within the State of South Carolina. Should
the-above entitled _____

(Name of Individual, Corporation, or Partnership)

have an office in South Carolina, its location is hereby recorded as

(Street) (City) (zip)

FURTHERMORE, _____
(Name of Individual, Corporation, or Partnership)

Contact Person: _____ Telephone Number: _____

hereby certifies that:

1. The applicant shall not act as an administrator without agreements (s) between the administrator and the insurer, and such written agreements(s) shall be retained as part of the official records of the administrator for the duration of the agreement(s) and five (5) years thereafter;
2. Such written agreement(s) shall contain provisions which include the requirements of Sections 4 through 9 of Act No. 133 of 1985, except insofar as those requirements do not apply to the functions performed by the administrator;
3. where a policy is issued to a trustee or trustees, a copy of the trust agreement and any amendments thereto shall be furnished to the insurer by the administrator and shall be retained as part of the official records of the administrator for the duration of the Policy and five (5) years thereafter;
4. The agreement between administrator and insurer shall make provision with respect to underwriting or other standards pertaining to the business underwritten by such insurer;
5. whenever an insurer utilizes the services of the administrator under the terms of the written agreement as required above, the payment to the administrator of any premiums or charges for insurance by or on behalf of the insured shall be deemed to have been received by the insurer, and the payment of return premiums or claims by the insurer to administrator shall not be deemed payment to the insured or claimant until such payments are received by the insured or claimant;

6. The applicant has not had a previous application for an insurance license denied for cause within the past five (5) years;
7. The applicant has not had any professional, vocational or business license denied, suspended, revoked or restricted by any Public authority in this or any other state, nor has such license been subjected to a monetary fine by any public authority or been withdrawn or surrendered to avoid disciplinary action;
8. The applicant has not had any judgment rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as an administrator;
9. The applicant has not been declared insolvent or discharged from bankruptcy within the past five (5) years;
10. Neither the applicant nor any of its officers, directors or managers have been convicted of, or pleaded guilty or nolo contendere to a charge of crime involving fraud, dishonesty, or moral turpitude in any jurisdiction;
11. The applicant has not had an insurance company cancel an administrative services agreement for any financial. reason other than nonproduction, and
12. The applicant is the following type of entity (check only one)

☐ Individual ☐ Corporation ☐ Partnership

The foregoing applicant, being first duly sworn, deposes and says that he has executed the foregoing application; that he has read said application and knows the contents thereof and attached thereto; that to the best of his knowledge and belief the statements made in said application and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which is made, would be false, or would tend to be misleading in respect to any material fact; and that he has read and understands the insurance laws of the State of South Carolina.

If Corporation:

President _____
(Please type name below signature)

Secretary _____
(Please type name below signature)

If Partnership:

Partner _____
(Please type name below signature)

If Individual:

Individual _____
(Please type name below signature)

Subscribed and sworn to before me

this _____ day of _____, 20____

(Notary Public)

County of _____

State of _____

My Commission expires _____